

# EL DORADO UNION HIGH SCHOOL DISTRICT

## CLASSIFIED EMPLOYEES

### **2019-2020 OPEN ENROLLMENT**

**September 1 – September 30, 2019 – CVT**

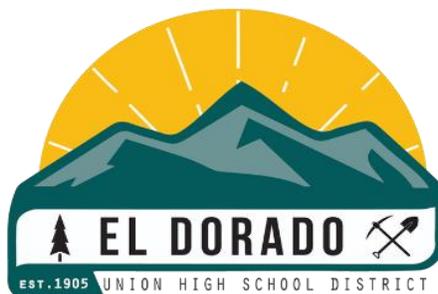
*(CVT Dental/Vision Changes Take Effect on October 1, 2019)*

**September 9 – October 4, 2019 – CalPERS**

*(CalPERS Health Coverage Changes Take Effect on January 1, 2020)*

### **IMPORTANT – PLEASE READ**

Its open enrollment time again. Enclosed is important information regarding your medical, dental and vision plans, as well as detailed information on participation in the District's in-lieu program and your responsibility.





CALIFORNIA'S  
VALUED TRUST

Healthcare Benefits for the Education Community

### California's Valued Trust Dental and Vision Only

You can begin making changes to your dental and vision plans online at [mycvtrust.org](http://mycvtrust.org) beginning on September 1, 2019.

**All changes must be submitted on-line no later than September 30, 2019.**



### CalPERS for Medical Enrollment

To enroll in a health plan or to change your health plan, complete the Health Benefits Plan Enrollment Form (HBD-12) and send it to the Payroll Department at the District Office.

Changes to medical plans will be effective January 1, 2020.

Your December payroll pays for January coverage.

**All health enrollment changes must be submitted by October 4, 2019.**



### American Fidelity

Sign up for coverage, or make changes to existing coverages by scheduling an appointment with an American Fidelity representative. Policies that you currently have in place will continue with the exception of Dependent Care and Medical Expense Reimbursement accounts, which will automatically stop on October 1, 2019.

If you wish to continue your Dependent Care and/or Medical Expense Reimbursement policies, you need to meet with an American Fidelity representative to set them up again.

Check with your site secretary for appointment availability. If you are not able to schedule an appointment with a representative at your site, you can contact an American Fidelity representative via email at [Tangee.Franco@americanfidelity.com](mailto:Tangee.Franco@americanfidelity.com).

**If you are not making changes to your current medical, dental or visions plans, you do not need to do anything.**

**All plans/policies will remain as they were unless you make a change.**

# OPEN ENROLLMENT CHECKLIST

**Find the statement that best describes your situation and complete the items listed.**

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- I am currently enrolled in District sponsored health insurance coverage and **do not** wish to make any changes.

EDUHSD Declaration of Health Coverage (MANDATORY) – Send to Payroll

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- I am currently enrolled in District sponsored health insurance coverage and wish to make changes.

MEDICAL – Health Benefits Plan Enrollment Active Employees (HBD-12)

DENTAL & VISION – All changes must completed online at my|CVT

EDUHSD Declaration of Health Coverage (MANDATORY) – Send to Payroll

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- I am currently enrolled in the Cash-in-Lieu program and wish to remain in the program for the 2019-2020 Plan Year.

EDUHSD Declaration of Health Coverage (MANDATORY) – Send to Payroll

Annual Proof of Medical Coverage (MANDATORY) – Send to Payroll

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- I am currently enrolled in the Cash-in-Lieu program but need to enroll in to the District sponsored health insurance coverage.

MEDICAL – Health Benefits Plan Enrollment Active Employees (HBD-12)

DENTAL & VISION – All changes must completed online at my|CVT

EDUHSD Declaration of Health Coverage (MANDATORY) – Send to Payroll

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- I am currently enrolled in the District sponsored health insurance coverage but need to enroll in to the Cash-in-Lieu program.

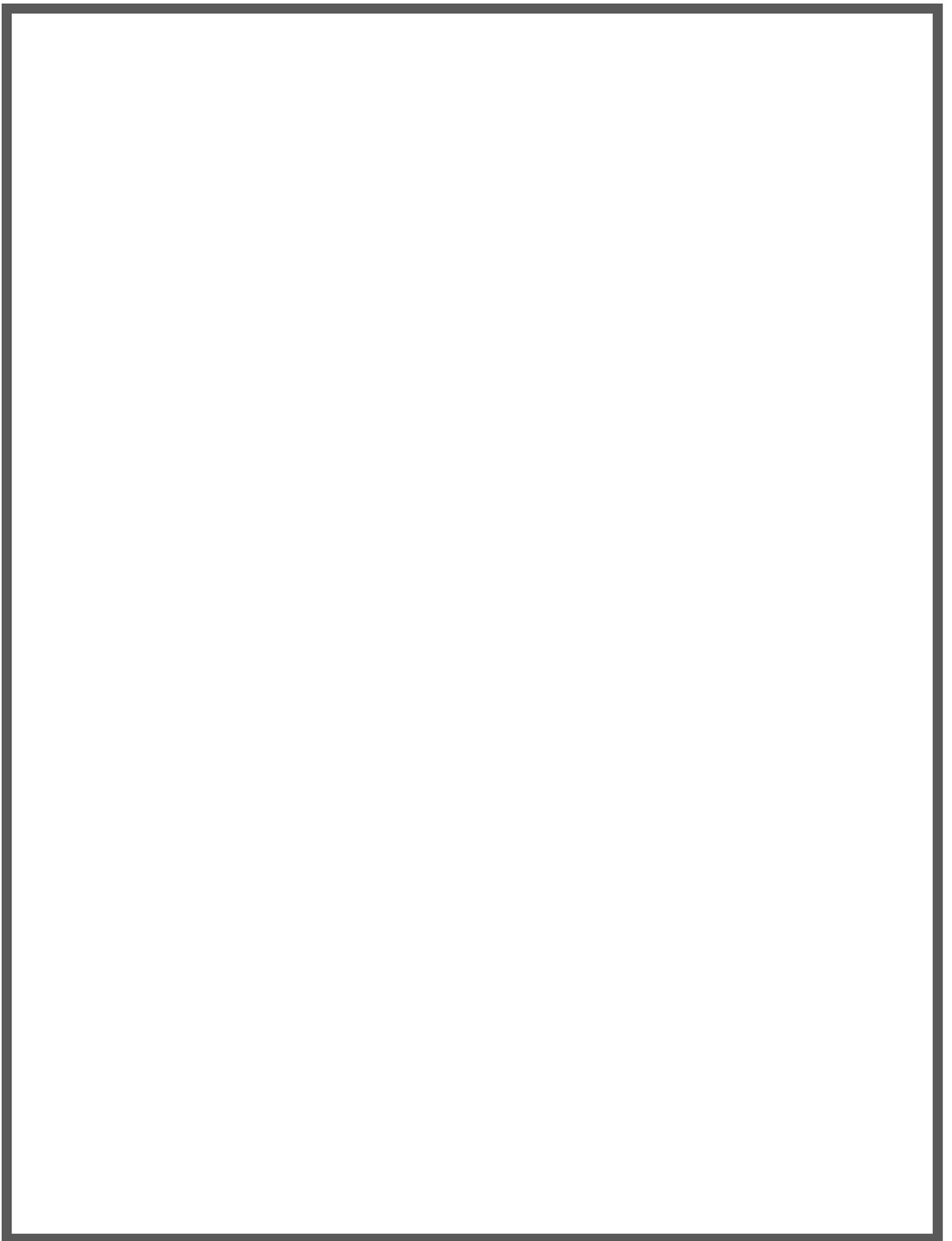
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EDUHSD Declaration of Health Coverage (MANDATORY) – Send to Payroll

Annual Proof of Medical Coverage (MANDATORY) – Send to Payroll

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## 2019-2020 PREMIUM RATES - CLASSIFIED EMPLOYEES

**CAPPED AMOUNT:                   \$                   9,286.65**

### CalPERS (Plan Year: 1/1/2020 - 12/31/2020)

#### 12 Month Premium

	Blue Shield		PERS	PERS Select	PERS Care	United	Anthem	Anthem	Western	Health Net	Kaiser	Full Time
	Access+	Blue Shield	Choice	(80/20)	(80/20)	Healthcare	Select	Traditional	Health	HMO		Monthly Cap
	HMO	Trio HMO	(80/20)						Advantage			Amount
Single	\$ 1,130.81	\$ 835.25	\$ 863.51	\$ 521.69	\$ 1,136.20	\$ 902.37	\$ 871.33	\$ 1,188.04	\$ 733.94	\$ 1,003.22	\$ 770.56	
Single+1	\$ 2,261.63	\$ 1,670.50	\$ 1,727.01	\$ 1,043.39	\$ 2,272.40	\$ 1,804.74	\$ 1,742.65	\$ 2,376.08	\$ 1,467.87	\$ 2,006.44	\$ 1,541.13	
Family	\$ 2,940.12	\$ 2,171.65	\$ 2,245.12	\$ 1,356.40	\$ 2,954.11	\$ 2,346.16	\$ 2,265.45	\$ 3,088.90	\$ 1,908.24	\$ 2,608.37	\$ 2,003.46	\$ 773.89

#### 10 Month Premium

	Blue Shield		PERS	PERS Select	PERS Care	United	Anthem	Anthem	Western	Health Net	Kaiser	Full Time
	Access+	Blue Shield	Choice	(80/20)	(90/10)	Healthcare	Select	Traditional	Health	HMO		Monthly Cap
	HMO	Trio HMO	(80/20)						Advantage			Amount
Single	\$ 1,356.98	\$ 1,002.30	\$ 1,036.21	\$ 626.03	\$ 1,363.44	\$ 1,082.84	\$ 1,045.59	\$ 1,425.65	\$ 880.72	\$ 1,203.87	\$ 924.68	
Single+1	\$ 2,713.96	\$ 2,004.60	\$ 2,072.41	\$ 1,252.07	\$ 2,726.88	\$ 2,165.69	\$ 2,091.18	\$ 2,851.29	\$ 1,761.45	\$ 2,407.73	\$ 1,849.36	
Family	\$ 3,528.14	\$ 2,605.98	\$ 2,694.14	\$ 1,627.68	\$ 3,544.94	\$ 2,815.39	\$ 2,718.54	\$ 3,706.68	\$ 2,289.89	\$ 3,130.05	\$ 2,404.16	\$ 928.67

## 2019-2020 DENTAL and VISION PREMIUM RATES - CLASSIFIED EMPLOYEES

CAPPED AMOUNT:     \$                                     9,286.65
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### CVT (Plan Year: 10/1/2019 - 9/30/2020)

#### 12 Month Premium

	<u>Delta Dental</u>	<u>Delta Dental 70/30</u>	<u>Vision Services</u>	<u>Full Time Monthly Cap Amount</u>
Single	\$ 115.36	\$ 63.95	\$ 23.18	
Single+1	\$ 115.36	\$ 63.95	\$ 23.18	
Family	\$ 115.36	\$ 63.95	\$ 23.18	\$ 773.89

#### 10 Month Premium

	<u>Delta Dental</u>	<u>Delta Dental 70/30</u>	<u>Vision Services</u>	<u>Full Time Monthly Cap Amount</u>
Single	\$ 138.43	\$ 76.74	\$ 27.82	
Single+1	\$ 138.43	\$ 76.74	\$ 27.82	
Family	\$ 138.43	\$ 76.74	\$ 27.82	\$ 928.67



## MyCVT Online Member Enrollment

### Quick steps to apply for insurance coverage

MyCVT is a web-based site where you can enroll as a new member of California's Valued Trust (CVT), choose a plan from several options that have been selected by your district or unit and make changes to your plan such as adding dependents or a change of address.

Before you can enroll online, you must first create your account.

#### Getting started

1. To access the site directly from your browser, type: <https://mycvt.cvtrust.org>.
2. You may also access the portal from [www.cvtrust.org](http://www.cvtrust.org). Click on the MyCVT logo in the upper, right-hand corner of the page to open up the main portal page.
3. You will need the following information to create your account:
  - Unique email address (you cannot use a shared or group email)
  - Social Security number (do not use dashes in the form)
  - Your district name and classification
  - Password (six-digits minimum)
  - Date of Birth

#### Creating your account

1. From the MyCVT portal page, select "Create new account." Complete the requested information and submit.
2. Verify your date of birth.
3. A registration link will be sent to the unique email you submitted.
4. **Click on the link in the email** to complete the registration process.

#### New member enrollment

1. Login to your MyCVT account at <https://mycvt.cvtrust.org>.
2. Click the "Apply for Insurance Coverage" link
3. Complete the personal information section, choose "Next" to save and continue.

#### Add dependents

1. You can add or remove dependents. Add dependents by clicking on the blue "Add Dependent" button. Click the "Terminate" button next to any dependent you wish to remove from coverage.
2. If adding a dependent, enter all the required dependent information and click "Save" after each dependent has been added.
3. If you need to change any information, the forms can be opened again and edited by clicking the blue link of the dependent's name you want to update on the "Dependent Information" page. Always save every edit.

#### Choose your plan

1. The next step is to select your plans from the plan choice page. The plan selection will include those bargained benefits available to your unit.

2. Click "Show Plans" next to the coverage types (Health, Dental, Vision, Life) to see a grid of drop down menus that contain the plans available to you. You can compare up to four different plans by clicking the drop down menus and selecting the plans you want to compare. Once you have decided which plan you are going to choose, click the blue "Select this plan" button above the drop down menu to select that plan for that coverage. If you are unsure about which plans to choose, consult your district office for a summary of plans and the options/costs. You can also call CVT Member Services for assistance.
3. If your district does not offer plans for a particular coverage type, the words "No plans available" will appear next to that coverage type.
4. Once you have completed selecting your plans for all of the available coverage types, click "I'm Ready to Review My Application" to continue.

### **Submit your completed enrollment**

1. If you have completed all the information and are ready to submit your forms, click the "I'm Ready to Review My Application" button located in the lower left side of the "Plans" page.
2. The Review page gives a summary of the plans selected and displays any dependents you have added. Click on the blue "Submit" button to submit your application.
3. Once your application has been submitted, any documents that are required will be listed. If you have the documents in a digital version available to upload, use the "Browse" and "Upload" buttons to upload the documents. When the document has been successfully uploaded, that document section will appear as green.
4. If you do not have the documents available at that time, you can login at a later time to upload them. There will be a count of documents required in the submitted enrollment section when you login.
5. You can print your enrollment form for your records by clicking the "Print your enrollment button" located on the bottom portion of the page.
6. Your submitted application and documents will be reviewed by your district and then submitted to CVT for review and approval.

### **Questions**

If you have any questions about how to create your account, help is only a phone call away. Contact your district office or CVT Member Services at 800-288-9870



520 East Herndon Avenue  
Fresno, CA 93720  
(800) 288-9870  
[www.cvtrust.org](http://www.cvtrust.org)

**MONTHLY MEDICAL PREMIUMS ONLY  
-AMERICAN FIDELITY ASSURANCE COMPANY  
SECTION 125 BENEFIT ELECTION FORM/SALARY REDUCTION AGREEMENT**

Name of Employer <b>EDUHSD</b>	
Name of Employee	
Social Security Number:	Plan Year

**SECTION 125 BENEFIT ELECTION**

Please indicate which benefits you wish to select:

<b>BENEFIT</b>	<b>COMPANY PLAN</b>	<b>SECTION 125 BEFORE TAX</b>	<b>EMPLOYER-PAID</b>
<input type="checkbox"/> Medical Insurance			
<input type="checkbox"/> Dental			
<input type="checkbox"/> Vision			
<b>TOTALS</b>			

**Terms and Conditions**

I hereby authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan.

I understand that:

- Changes in the cafeteria plan elections can only be made at the end of the plan year unless due to and consistent with a valid status change (e.g., change in legal marital status; change in number of dependents; termination or commencement of employment; change in work schedule; dependent satisfies or ceases to satisfy dependent eligibility under the IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. In most cases NO change may be made in the Medical Expense Reimbursement Account except for termination of participation due to termination of employment. For special rules affecting your plan, please contact your employer. FICA taxes are not paid on section 125 salary reductions. Therefore, your social security benefits at retirement may be reduced.
- Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the insurance carrier issuing the contract and my "take-home" pay may be higher or lower depending on the selections made.

This authorization replaces any previous authorization I have made.

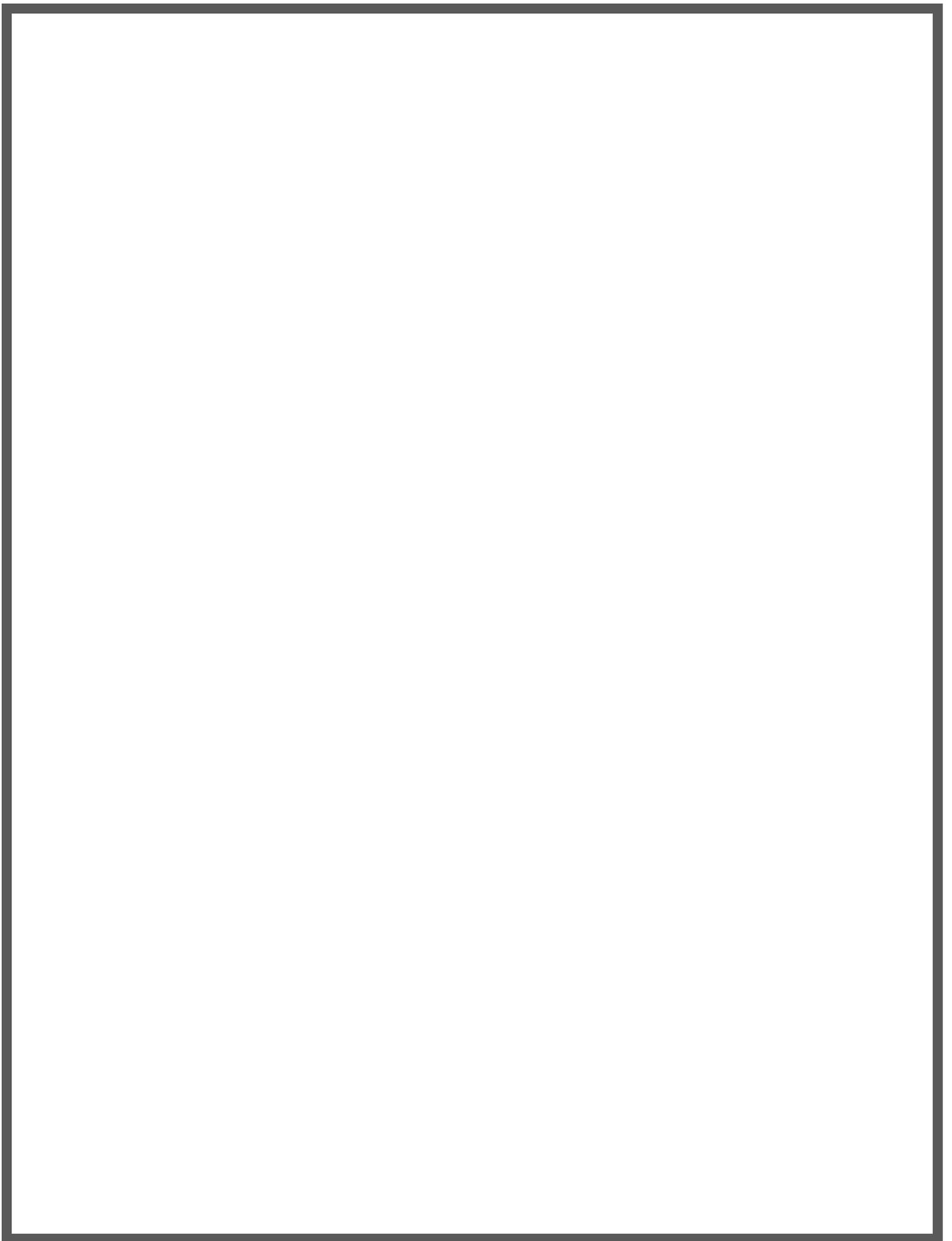
\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

PARTICIPATION WAIVED- sign this section ONLY if you wish to waive participation in Section 125

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date



WORKSHEET INSTRUCTIONS PAGE

**Classified Employee Instructions**

**#1) A PART TIME EMPLOYEE (50% FTE TO 99% FTE) WILL RECEIVE A PRORATED AMOUNT OF THE BENEFIT CAP.\*\*\***

**TO FIGURE OUT YOUR PROTATED AMOUNT, ENTER THE AMOUNTS IN THE HIGHLIGHTED FIELDS**

**EXAMPLE: IF YOU ARE A 60% EMPLOYEE:**

$$\begin{aligned} &**** \quad \$9,286.65 \text{ Benefit Cap/Full Time Employee} \quad **** \\ &\times \quad 60.00\% \text{ FTE} \\ &= \quad \$5,571.99 \text{ Amount of cap you will receive for the plan year.} \end{aligned}$$

**#2) NEXT, GET THE COST OF YOUR PLAN CHOICES FOR THIS PLAN YEAR:  
EXAMPLE: USING PERS CHOICE (80/20) SINGLE COVERAGE WITH PPO INCENTIVE DENTAL AND VISION USING 10 MONTH PREMIUM RATES:**

**EXAMPLE:**

$$\begin{aligned} &\$1,036.21 \text{ PERS Choice (80/20) Single} \\ + &\$138.43 \text{ Dental} \\ + &\$27.82 \text{ Vision} \\ = &\$1,202.46 \text{ Per Month} \\ \times &10 \text{ Checks} \\ = &\$12,024.60 \text{ Total Plan Year Cost} \end{aligned}$$

**#3) NOW, SUBTRACT YOUR CAP AMOUNT FROM THE PLAN YEAR COST:**

**EXAMPLE:**

$$\begin{aligned} &\$12,024.60 \text{ Total Plan Year Cost} \\ - &\$5,571.99 \text{ Using cap for 60% FTE employee (\#1 above) use annual cap of } \$9,081.80 \text{ if you are full time} \\ = &\$6,452.61 \text{ Plan year cost for .60 \% FTE employee} \end{aligned}$$

**#4) FINALLY, TO GET THE MONTHLY COST TO YOU:**

**EXAMPLE:**

$$\begin{aligned} &\$6,452.61 \text{ Plan Year Cost} \\ \div &10 \text{ Checks} \\ = &\$645.26 \text{ Your cost per month} \end{aligned}$$

**\*\*\* EMPLOYEES WORKING LESS THAN 4 HOURS/DAY ARE NOT ENTITLED TO PAID INSURANCE BENEFITS, BUT MAY PURCHASE BENEFITS AT FULL COST OF PLANS.**

**\*\*\*\* The adjusted Classified cap is \$9255.60 based upon the MOU between CSEA and the district.**

**Estimated Monthly Cost of based on Selected Plans and Percentage of FTE**

## WORKSHEET INSTRUCTIONS PAGE

### Worksheet - Plug in your numbers

#### #1) FIGURE OUT YOUR CAP AMOUNT:

$$\begin{array}{r} \$9,255.60 \text{ Benefit Cap/Full Time Employee} \\ \times \quad 0.00\% \text{ FTE} \\ \hline = \quad \$0.00 \text{ Amount of cap you will receive for the plan year.} \end{array}$$

#### #2) GET THE COST OF YOUR PLAN CHOICES FOR THIS PLAN YEAR:

##### EXAMPLE:

$$\begin{array}{r} \$0.00 \text{ Medical} \\ + \quad \$0.00 \text{ Dental} \\ + \quad \$0.00 \text{ Vision} \\ \hline = \quad \$0.00 \text{ Month} \\ \times \quad 0 \text{ Checks} \\ \hline = \quad \$0.00 \text{ Total Plan Year Cost} \end{array}$$

#### #3) SUBTRACT YOUR CAP AMOUNT FROM THE PLAN YEAR COST:

##### EXAMPLE:

$$\begin{array}{r} \$0.00 \text{ Total Plan Year Cost} \\ - \quad \$0.00 \text{ Your Cap Amount} \\ \hline = \quad \$ \quad - \text{ Your cost for plan year} \end{array}$$

#### #4) THE MONTHLY COST TO YOU:

##### EXAMPLE:

$$\begin{array}{r} \$ \quad - \text{ Plan Year Cost} \\ \div \quad 0 \text{ Checks} \\ \hline = \quad \#DIV/0! \text{ Your cost per month} \end{array}$$



**CALIFORNIA'S  
VALUED TRUST**  
Healthcare Benefits for the Education Community

## El Dorado Union High SD

### Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2019 to September 30, 2020

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	\$2,200	\$2,000
<b>Diagnostic &amp; Preventive Services</b> Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Endodontics</b> (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
<b>Prosthodontics</b> Bridges Dentures Implants	Paid at: 50% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

\* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at [www.cvtrust.org/plandocuments](http://www.cvtrust.org/plandocuments).

\*\* See back for additional details

### *What are my Delta Dental Network options?*

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

### *How do I find a Delta Dental dentist?*

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website ([deltadentalins.com](http://deltadentalins.com)), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

### *How does my Delta Dental incentive plan work?*

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

### *What are my online resources?*

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: [es.deltadentalins.com](http://es.deltadentalins.com).

Create a free Online Services account at [deltadentalins.com](http://deltadentalins.com) to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss [mysmileway.com](http://mysmileway.com) – a great resource for oral health-related tools and tips.

**Mobile?** Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.



**CALIFORNIA'S  
VALUED TRUST**  
Healthcare Benefits for the Education Community

**El Dorado Union High SD  
Classified**

**Delta Dental PPO 70/30 Plan Summary of Benefits**

Effective October 1, 2019 to September 30, 2020

<b>Benefits and Covered Services*</b>	<b>PPO Network **</b>	<b>Premier Network and Out of Network **</b>
<b>Calendar Year Deductible</b>	None	\$25 per person / \$75 per family per calendar year
<b>Calendar Year Maximum Benefit</b>	\$1,000	\$1,000
<b>Diagnostic &amp; Preventive Services</b> Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 100% *	Paid at: 70% *
<b>Basic Services</b> Fillings Posterior Composite Restorations Sealants	Paid at: 80% *	Paid at: 60% *
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
<b>Endodontics</b> (root canals)	Paid at: 80% *	Paid at: 60% *
<b>Oral Surgery</b> (extraction) Covered Under Basic Services	Paid at: 80% *	Paid at: 60% *
<b>Major Services</b> Crowns, Inlays, Onlays & Cast Restorations	Paid at: 60% *	Paid at: 50% *
<b>Prosthodontics</b> Bridges Dentures Implants	Paid at: 60% *	Paid at: 50% *
<b>Dental Accident Benefits</b>	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

\* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at [www.cvtrust.org/plandocuments](http://www.cvtrust.org/plandocuments).

\*\* See back for additional details

### What are my Delta Dental network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist.

<b>Most potential savings with Delta Dental PPO dentists</b>	<b>Some savings with Delta Dental Premier dentists</b>	<b>No savings with non-Delta Dental dentists</b>
<ul style="list-style-type: none"><li>➤ Delta Dental PPO dentists agree to accept Delta Dental PPO contracted fees as full payment.</li><li>➤ You'll usually pay less when you visit a Delta Dental PPO dentist.</li><li>➤ When you visit your dentist, you should ask specifically if he or she is a contracted Delta Dental PPO dentist.</li></ul>	<ul style="list-style-type: none"><li>➤ Premier dentists' contracted fees are usually slightly higher than PPO dentists' contracted fees.</li><li>➤ Premier dentists will not bill you above their contracted fees, so you still receive some cost protections not available with a non-Delta Dental dentist.</li></ul>	<ul style="list-style-type: none"><li>➤ Non-Delta Dental dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist.</li><li>➤ You are responsible for the difference between what Delta Dental pays and the dentist's fee.</li></ul>

### How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (**deltadentalins.com**), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

### What are my online resources?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: **es.deltadentalins.com**.

Create a free Online Services account at **deltadentalins.com** to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss **mysmileway.com** – a great resource for oral health-related tools and tips.

**Mobile?** Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.



Protect  
your vision  
with VSP.

Get the best in eye care and eyewear  
with CALIFORNIA'S VALUED TRUST -  
Plan C, \$10.00 copay and VSP® Vision Care.



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

#### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

#### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

#### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more<sup>1</sup>. Visit [vsp.com](http://vsp.com) to find a Premier Program location who carries these brands.

See why we're consumers' #1  
choice in vision care<sup>2</sup>.

Contact us. 800.877.7195  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary

2019-2020

El Dorado Union High SD



VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10 for exam and glasses	Every 12 months
<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> </ul>	Combined with exam	Every 12 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Combined with exam	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Tints/Photochromic adaptive lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> </ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every 12 months
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		
<b>Your Coverage with Out-of-Network Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP network provider.			
Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$75
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$100
Single Vision Lenses .....	up to \$50	Progressive Lenses .....	up to \$75
		Contacts .....	up to \$105
		Tints .....	up to \$5
Coverage with a participating retail chain may be different. Once your benefit is effective, visit <a href="http://vsp.com">vsp.com</a> for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Contact us. 800.877.7195 | [vsp.com](http://vsp.com)

<sup>1</sup>Brands/Promotion subject to change.

<sup>2</sup>Blueocean Market Intelligence National Vision Plan Member Research, 2014

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